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M2100.000 FAMILY ACCESS TO MEDICAL INSURANCE SECURITY PLAN (FAMIS)

M2110.100 FAMIS GENERAL INFORMATION

A. Introduction

The Balanced Budget Act of 1997 created the State Children's Health Insurance Program, enacted as Title XXI of the Social Security Act, to provide funds to States to enable them to initiate the provision of child health insurance to **uninsured low-income children**.

FAMIS is not an entitlement program, which means that if funds for this program are exhausted, no additional individuals will receive benefits under the program. The Department of Medical Assistance Services (DMAS) will notify the Department of Social Services (DSS) Central Office if funds for this program run out.

Initial eligibility for FAMIS is determined by local DSS, including DSS outstationed sites, or by the FAMIS Central Processing Unit (CPU). Children found eligible for FAMIS receive benefits described in the State's Title XXI Child Health Insurance Program. Eligible children are enrolled for benefits effective the first day of the child's application month if all eligibility requirements are met in that month, but no earlier than the date of the child's birth.

Retroactive coverage is only available to an eligible child who was born within the 3 months prior to the FAMIS application month. Eligibility for FAMIS coverage will be effective retroactive to the child's date of birth if the child would have met all eligibility criteria during that time.

Case management and ongoing case maintenance, and selection for managed care, are handled by the FAMIS CPU.

B. Legal Base

The 1998 Acts of Assembly, Chapter 464, authorized Virginia's Children's Health Insurance Program by creating the Children's Medical Security Insurance Plan for uninsured children under 19 years of age. In August 2001, the program was revised and renamed the Family Access to Medical Insurance Security Plan (FAMIS).

C. Policy Principles

FAMIS covers uninsured low-income children under age 19 who are not eligible for FAMIS Plus (children's Medicaid) and whose gross family income is less than or equal to 200% of the federal poverty level (FPL) for the family size (see [M2130.100](#) for the definition of the FAMIS assistance unit and Appendix 1 for the income limits).

A child is eligible for FAMIS if all of the following are met:

- he is **not** eligible for FAMIS Plus *and he has income in excess of the FAMIS Plus limits*;
- he is under age 19 and a resident of Virginia;

- he is uninsured;
- he is **not** a member of a family eligible for health benefits coverage under the State Employee Health Insurance Plan on the basis of a family member's employment with a State agency (see [Appendix 2](#) to this chapter);
- he is **not** a member of a family who has dropped health insurance coverage on him within 4 months of the application without good cause;
- he is **not** an inmate of a public institution;
- he is **not** an inpatient in an institution for mental diseases;
- he meets the Medicaid Nonfinancial Eligibility Requirements in Chapter [M02](#) with certain exceptions; and
- he has gross family income less than or equal to 200% FPL.

M2120.100 NONFINANCIAL ELIGIBILITY REQUIREMENTS

A. Introduction

The child must meet, with certain exceptions, the Medicaid Nonfinancial Eligibility Requirements in chapter [M02](#) and the nonfinancial eligibility requirements imposed by FAMIS.

B. M02 Requirements

The Medicaid Nonfinancial Eligibility Requirements in Chapter [M02](#) that must be met are:

- citizenship and alienage requirements, *including Afghan and Iraqi special immigrants in [M0220.313 A](#)*, with the exceptions noted in [M2120.100 C.1.](#) below;
- Virginia residency requirements;
- institutional status requirements regarding inmates of a public institution.

C. M02 Exceptions

The exceptions to the Medicaid Nonfinancial Eligibility Requirements in Chapter [M02](#) are:

1. Alienage Requirements

Alien status must be verified. Refer to sections [M0220.200](#), [M0220.201](#) and [M0220.202](#) for information about verifying alien status.

FAMIS alienage requirements are different from the Medicaid alienage requirements. Qualified aliens who entered the U.S. before August 22, 1996 meet the alienage requirements and are not subject to time limitations.

- a. The following qualified aliens who entered on or after August 22, 1996 meet the alienage requirements **without regard to time limitations**:
 - refugees or Cuban-Haitian Entrants (see [M0220.310 A. 2](#) and [7](#)),
 - asylees (see [M0220.310 A. 4](#)),
 - veteran or active military (see [M0220.311](#)),
 - deportation withheld (see [M0220.310 A. 6](#)), and
 - victims of a severe form of trafficking (see [M0220.313 A.52](#)).
- b. The following qualified aliens who entered on or after August 22, 1996 meet the alienage requirements **after five years of residence in the United States**:
 - lawful permanent residents (LPR),
 - conditional entrants-aliens admitted pursuant to 8 U.S.C.1153(a)(7),
 - aliens, other than Cuban-Haitian Entrants, paroled in the US pursuant to 8 U.S.C. 1182(d)(5), section 212(d)(5) of the INA, and
 - battered aliens, alien parents of battered children, alien children of battered parents.

**2. No
Grandfathered
Aliens**

The Medicaid policy for grandfathered aliens under age 19 does NOT apply to FAMIS.

**3. No Emergency
Services Only
For Unqualified
Aliens**

Unqualified aliens, including illegal and non-immigrant aliens, do not meet the alienage requirements *and are not eligible for FAMIS.*

**4. Alien Eligibility
Chart**

Appendix 3, FAMIS Alien Eligibility Chart, lists alien groups that meet or do not meet the alienage requirements.

5. SSN

A Social Security number (SSN) or proof of application for an SSN (M0240) is **not** a requirement for FAMIS.

**6. Assignment of
Rights**

Assignment of rights to payment for medical care from any liable third party is a condition of eligibility for the child.

7. HIPP Application requirements for the Health Insurance Premium Payment (HIPP) program ([M0290](#)) do not apply to FAMIS.

D. FAMIS Nonfinancial Requirements The child must meet the following FAMIS nonfinancial requirements:

- 1. Age Requirement** The child must be under age 19 for at least one day during the month. No verification is required.

A child no longer meets the age requirements for FAMIS effective the end of the month in which the child reaches age 19 years, provided he was under age 19 on the first day of the month. If the child was born on the first day of the month, his eligibility ends the last day of the month prior to the month he reaches age 19.
- 2. Uninsured Child** The child must be uninsured, that is, he must not be covered under any health insurance plan offering hospital and medical benefits. See M2120.200.
- 3. State Employee Prohibition** A child is ineligible for FAMIS if he is a member of a family eligible for health insurance coverage under any Virginia State Employee Health Insurance Plan on the basis of the family member's employment with a State agency.
- 4. IMD Prohibition** The child cannot be an inpatient in an institution for mental diseases (IMD).

M2120.200 HEALTH INSURANCE COVERAGE

A. Introduction The intent of FAMIS is to provide health coverage to low-income uninsured children. Eligibility for this program is prohibited when creditable health insurance coverage is dropped within 4 months of the application for FAMIS unless good cause for discontinuing the insurance is demonstrated, or the child is pregnant.

B. Definitions

- 1. Creditable Coverage** For the purposes of FAMIS, creditable coverage means coverage of the individual under any of the following:
 - church plans and governmental plans;
 - health insurance coverage, either group or individual insurance;
 - military-sponsored health care;
 - a state health benefits risk pool;
 - the federal Employees Health Benefits Plan;
 - a public health plan; and

- any other health benefit plan under section 5(e) of the Peace Corps Act.

The definition of creditable coverage includes short-term limited coverage.

2. Family Member

When determining whether the child is eligible for coverage under a State Employee Health Insurance Plan, or whether the discontinuance of health insurance affects the child's eligibility, family member means:

- parent(s) with whom the child is living, and
- a stepparent with whom the child is living if the stepparent claims the child as a dependent on his federal tax return.

3. Health Benefit Plan

"Health benefit plan" is defined in the Virginia Bureau of Insurance Regulations (14VAC5-234-30) and means:

- "any accident and health insurance policy or certificate,
- health services plan contract,
- health maintenance organization subscriber contract,
- plan provided by a Multiple Employer Welfare Arrangement (MEWA)".

Health benefit plan does not mean:

- Medicare, Medicaid, FAMIS Plus, or State/Local Hospitalization;
- accident only;
- credit or disability insurance;
- long-term care insurance;
- dental only or vision only insurance;
- specified disease insurance;
- hospital confinement indemnity coverage;
- limited benefit health coverage;
- coverage issued as a supplement to liability insurance;
- insurance arising out of workers' compensation or similar law;
- automobile medical payment insurance; or
- insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

4. Insured

means having creditable health insurance coverage or coverage under a health benefit plan.

5. Uninsured

means having no insurance; having insurance that is not creditable; having coverage which is not defined as a health benefit plan, or having a health insurance plan that does not have a network of providers in the area where the child resides.

C. Policy

A nonfinancial requirement of FAMIS is that the child be uninsured. A child **cannot**:

- have creditable health insurance coverage;

- have coverage under a group health plan (TRICARE, federal employee benefit plan, private group insurance such as Anthem, etc.);
- be a member of a family eligible for health benefits coverage under a State Employee Health Insurance Plan (a full-time, salaried, classified State employee or a permanent, full-time, salaried State education institution faculty member) [see Appendix 2 to this chapter], or

without good cause (see item E. below), have had creditable health insurance coverage terminated within 4 months prior to the month of application.

D. Health Insurance Coverage Discontinued

If the child's insurance coverage was discontinued by a parent or other individual who does NOT live with the child, the discontinuance of the insurance does NOT affect the child's eligibility for FAMIS.

A child is ineligible for FAMIS coverage if creditable health insurance coverage was terminated by a family member, as defined in M2120.200 B.3, above, without good cause within four months prior to the month for which eligibility is being established, unless the child was pregnant at the time of application.

Example: A child's health insurance was terminated without good cause in November. A FAMIS application was filed the following February. The child is ineligible for February because his health insurance was terminated within four months of November. He may be eligible in April because his insurance was terminated more than four months prior to April.

NOTE: For purposes related to FAMIS eligibility, a child is NOT considered to have been insured if health insurance coverage was provided under FAMIS Plus, Medicaid, HIPPA, FAMIS, FAMIS Select, or if the insurance plan covering the child does not have a network of providers in the area where the child resides.

E. Good Cause for Dropping Health Insurance

The ineligibility period can be waived if there is good cause for the discontinuation of the health insurance. A parent, guardian, legal custodian, authorized representative, or adult relative **with whom the child lives** may claim to have good cause for the discontinuation of the child(ren)'s health insurance coverage. The local agency or the CPU will determine that good cause exists and waive the period of ineligibility if the health insurance was discontinued for one of the following reasons:

- 1. Employment Stopped**
- 2. Employer Stopped Contributing**

The family member who carried insurance changed jobs or stopped employment, and no other family member's employer contributes to the cost of family health insurance coverage. Verification is not required.

The employer stopped contributing to the cost of family coverage and no other family member's employer contributes to the cost of family health insurance coverage. Verification is not required.

- | | |
|---|--|
| 3. Insurance Company Discontinued Insurance | The child's coverage was discontinued by an insurance company for reasons of uninsurability, e.g., the child has used up lifetime benefits or the child's coverage was discontinued for reasons unrelated to payment of premiums. Verification is required from the insurance company. |
| 4. Discontinued By Family Member | Insurance was discontinued by a family member who was paying the full cost of the insurance premium under a COBRA policy AND no other family member's employer contributes to the cost of family health insurance coverage. Verification is not required. |
| 5. Discontinued By Other Contributor | Insurance on the child is discontinued by someone other than the child (if 18 years of age), or, if under age 18, the child's parent or stepparent, e.g. the insurance was discontinued by the child's grandparent, aunt, uncle, godmother, etc. Verification is not required. |
| 6. Discontinued Because Cost Exceeds 10% of Income | Insurance on the child is discontinued because the cost of the health insurance premiums for all family members exceeds 10% of the family's GROSS monthly income or exceeded 10% of the family's GROSS monthly income at the time the insurance was discontinued. |

Documentation of the amount of the monthly health insurance premiums for all family members is required. If the amount of the premium is less than or equal to 10% of the family's current gross monthly income, a declaration from the family will be requested as to the amount of gross monthly income received at the time the child(ren)'s insurance was discontinued.

- a. Use the applicant's month-prior-to-application gross income verification.
- b. Calculate 10% of the family's gross monthly income.
- c. Compare to total amount of monthly premiums.
- d. If monthly premium is less than or equal to 10% of current gross monthly income:
 - 1) Ask applicant "what was your family's gross income in the month in which you discontinued the health insurance (include all amounts of income received in that month)?" Document the applicant's statement in the record.
 - 2) Calculate 10% of the family's gross monthly income (in the month in which the insurance was discontinued).
 - 3) Compare to total amount of monthly premiums.
 - i If monthly premiums are less than or equal to 10% of this gross monthly income, good cause is NOT met. The children are not eligible for 4 months following the discontinuance of the insurance.

- ii If monthly premiums are more than 10% of this gross monthly income, good cause is met and there is no waiting period for FAMIS.

M2120.300 NO CHILD SUPPORT REQUIREMENTS

A. Policy There are no child support requirements for FAMIS.

M2130.100 FINANCIAL ELIGIBILITY

A. Financial Eligibility

1. FAMIS

Assistance Unit

The FAMIS assistance unit consists of:

- the child applicant under age 19;
- the parent(s) and stepparent who live in the home with the child; and
- any siblings, half-siblings, and stepsiblings under age 19 who live in the home with the child.

NOTE: Medicaid family/budget unit rules do not apply to FAMIS. A child who is pregnant is counted as 1 individual; DO NOT COUNT the unborn child.

2. Asset Transfer

Asset transfer rules do not apply to FAMIS.

3. Resources

Resources are not evaluated for FAMIS.

4. Income

a. Countable Income

The source and amount of all income other than Job Training Partnership Act (JPTA), Workforce Investment Act, and student income must be verified and counted. FAMIS uses the same income types and methods for estimating income as FAMIS Plus (see chapter M07). There are no income disregards and no budget units in FAMIS.

b. Available Gross Income

Retroactive period (for newborns only) – available income is the gross income actually received in each month in the retroactive period.

Application month and ongoing months - available income is the average gross monthly income that is expected to be received in the application and ongoing months.

c. Income Limits

The FAMIS income limit is 200% of the FPL (see Appendix 1 to this subchapter) for the number of individuals in the FAMIS assistance unit.

5. Spenddown

Spenddown does not apply to FAMIS. If the family's gross income exceeds the FAMIS income limits, the child is not eligible for the FAMIS program regardless of medical expenses.

M2140.100 APPLICATION and CASE PROCEDURES

A. Application Requirements

The Health Insurance for Children and Pregnant Women application is the application form for FAMIS. The Application for Benefits or the ADAPT Statement of Facts are also acceptable application/renewal forms for FAMIS. These forms are available on the intranet at:
<http://localagency.dss.virginia.gov/divisions/bp/me/forms/general.cgi>.

The parent, legal guardian, authorized representative age 18 or older, an adult relative age 18 or older with whom the child lives, or the child if age 18, must sign the application. The adult relative must be related by blood or marriage. Accept declaration of relationship; documentation of the relationship is not required. The child's parent or legal guardian may designate in writing an authorized representative age 18 or older to complete and sign the application. The date of the application is the date the application is received at the local DSS, including DSS outstationed sites, or at the FAMIS CPU.

Applications can be mailed to the local DSS or the CPU. A face-to-face interview is not required.

B. Eligibility Determination

When an application is received and the child is not eligible for FAMIS Plus due to excess income, determine eligibility for FAMIS. In order to complete an eligibility determination, both the FAMIS nonfinancial requirements in M2120.100 and the financial requirements in M2130.100 must be met. Income must be verified.

1. Notice

The applicant/enrollee must be notified in writing of the required information and the deadline by which the information must be received. Applications must be acted on as soon as possible, but no later than 45 days from the date the signed application was received at the local DSS or the FAMIS CPU.

**2. Transfer
Approved Cases**

Cases approved for FAMIS must be transferred to the FAMIS CPU for case management and ongoing case maintenance.

C. Entitlement and Enrollment

1. Begin Date

Children determined eligible for FAMIS are enrolled for benefits in the Medicaid Management Information System (MMIS) effective the first day of the child's application month if all eligibility requirements are met in that month, **but no earlier than the date of the child's birth.**

**2. Retroactive
Coverage For
Newborns Only**

Retroactive FAMIS coverage is effective with applications received on or after September 1, 2006.

Retroactive coverage is available ONLY to an eligible child who was born within the 3 months prior to the FAMIS application month. Eligibility for FAMIS coverage will be effective retroactive to the child's date of birth if the child was born within the retroactive period and would have met all eligibility criteria during the retroactive period.

The following eligibility requirements must be met in order for a newborn child to be enrolled in FAMIS for retroactive FAMIS coverage:

- a. Retroactive coverage must be requested on the application form or in a later contact.
- b. The child's date of birth must be within the three months immediately preceding the application month (month in which the agency receives the signed application form for the child).
- c. The child must meet all the FAMIS eligibility requirements during the retroactive period.

**3. FAMIS Aid
Categories**

The aid categories (ACs) for FAMIS are:

AC	Meaning
006	child under age 6 with income > 150% FPL and ≤ 200% FPL
007	child 6 – 19 with income > 150% FPL and ≤ 200% FPL
008	child under age 6 with income > 133% FPL and ≤ 150% FPL
009	child 6 – 19 with income > 133% FPL and ≤ 150% FPL

**4. Separate
FAMIS and
FAMIS Plus
MMIS Case
Numbers**

Because FAMIS Plus and FAMIS are separate programs, FAMIS Plus eligible individuals and FAMIS eligible children cannot share the same case number in the MMIS. When a child is determined eligible for FAMIS and the child has family members enrolled in FAMIS Plus in the MMIS, the FAMIS child must be given a new case number when enrolled in the MMIS. Only children eligible for the same program can share the same base case number in the MMIS.

After the child is enrolled in the MMIS, the local DSS worker must change the MMIS worker number to V0000 to transfer the case to the FAMIS CPU.

The local DSS worker must not change the FIPS code or make any other change to the case after the case has been transferred to FAMIS in the MMIS.

**D. Notification
Requirements**

The local DSS worker must send a Notice of Action on Medicaid and FAMIS to the family informing them of the action taken the application. The notice must include the eligibility determination for both FAMIS Plus and FAMIS.

If the child is eligible for FAMIS, the notice must inform the family that the case has been transferred to FAMIS and that further information on the program will come from FAMIS.

If the child is ineligible for both FAMIS Plus and FAMIS, the family must be sent a notice that the child is not eligible for either program and must be given the opportunity to have a Medicaid medically needy evaluation. Along with the notice, send the Application for Benefits to the family and advise them that if the signed application is returned within 10 calendar days, the original application date will be honored.

**E. FAMIS Case
Transfer
Procedures**

1. ADAPT Cases

a. Electronic Case Transfer

If the application is processed in ADAPT, individuals approved for FAMIS are enrolled in MMIS by ADAPT. ADAPT will automatically transfer the FAMIS enrollees' data to the FAMIS CPU.

If a family has both Medicaid (including FAMIS Plus) FAMIS-eligible individuals, a separate FAMIS case is created in MMIS via the ADAPT "Medicaid Authorization" (AEAUTM) screen. When granted, ADAPT changes the worker number to V0000 on the FAMIS case in the MMIS and automatically transfers the FAMIS case and enrollee data to the FAMIS CPU. The LDSS has responsibility for ongoing case maintenance of the FAMIS Plus case.

Do not send a paper case file to the FAMIS CPU when the case is automatically transferred by ADAPT. The LDSS retains the original application, verifications and notices.

b. Resolve Enrollment Rejections BEFORE Granting

It is important that workers resolve any MMIS Enrollment Rejections immediately when they are received. ADAPT will NOT transfer a FAMIS-

*eligible individual when ADAPT has received an enrollment rejection message from MMIS on the individual. ADAPT **will transfer** the other FAMIS-enrolled individuals in the ADAPT case if there are no enrollment rejections on the individuals. In order for all FAMIS-eligible individuals in the case to be transferred to the FAMIS CPU **at the same time**, all individuals must be successfully enrolled in MMIS before close of business on the day the case is granted in ADAPT.*

After the worker corrects the error(s) that caused the enrollment rejection(s), reruns EDBC and the MMIS enrollment is accepted, ADAPT will automatically transfer the FAMIS-eligible individuals in the case during the “batch” FAMIS case transfer process at the end of the work day.

2. Cases Not in ADAPT

If the application is NOT processed in ADAPT, the worker must manually enroll the FAMIS eligible individuals in MMIS, then change the worker number on the case to “V0000” in MMIS.

The worker must transfer the paper case record to the FAMIS CPU as follows:

a. Case Material Sent to CPU

To allow the FAMIS CPU to enroll the child in their computer system and into managed care, the eligibility worker must send the CPU the following documents:

- 1) Send a copy of the most recent application form. If transferring a case after a renewal, send a copy of the most recent completed application form plus the most recent renewal form. The CPU cannot accept the Medicaid Renewal Form by itself because it does not contain all the demographic information necessary to enter the family into the CPU’s computer system.
- 2) The CPU needs to know the source of the income, the employer’s name (if the income is earned), the amount of income received each time it is paid to the individual, and the frequency of the income. Include a copy of a written eligibility evaluation form that has the income source details (source name, employer name, date(s) the income was received, frequency, and the eligibility calculations).
- 3) **Income verifications if any individual in the assistance unit has income.**
- 4) Copy of a written eligibility evaluation form.
- 5) Copy of the written NOA that was sent to the applicant about the FAMIS or FAMIS MOMS eligibility.
- 6) A completed Case Record Transfer sheet.

Additional case information that is not used to determine FAMIS eligibility should **not** be sent to the CPU.

b. Sending Case to the CPU

When transferring a case, confidentiality must be ensured by placing the case documents in a sealed interdepartmental envelope that is addressed to the FAMIS CPU (FIPS 976) and sent via the courier no later than the business day following the FAMIS eligibility determination. This ensures timely receipt of the case by the CPU so that the managed care assignment can be initiated, and the eligible individuals can be sent a FAMIS eligibility confirmation “packet” of information about their managed care assignment and the amount of their co-pay for covered services.

If the case is mailed via the United States Postal Service’s certified mail, the envelope must contain the full mailing address of the FAMIS CPU:

FAMIS CPU
P.O. Box 1820
Richmond, VA 23218-1820

**F. Transitions Between
FAMIS Plus And
FAMIS (Changes
and Renewals)**

When excess income for FAMIS Plus causes the child’s eligibility to change from FAMIS Plus to FAMIS, the new income must be verified. Copies of the income verifications must be sent to the FAMIS CPU with the transferred case material.

**1. Actions
Required**

Transitions between FAMIS Plus and FAMIS require cancellation of the current coverage and reinstatement in the new coverage, and may require additional coordination between the LDSS and the FAMIS CPU. Certain MMIS transactions can only be done by the FAMIS CPU, the DMAS FAMIS Plus Unit or the LDSS. Only the FAMIS CPU can cancel FAMIS or FAMIS MOMS coverage when the case is in worker number V0000. Only the LDSS can cancel FAMIS Plus coverage for cases that are active or connected to active cases in ADAPT or MMIS.

The DMAS FAMIS Plus Unit can add or reinstate FAMIS Plus coverage only on cases processed by the DMAS FAMIS Plus Unit. The LDSS is responsible for reinstating FAMIS Plus coverage on cases processed by the LDSS and may cancel FAMIS Plus coverage and reinstate FAMIS coverage.

**2. Case Transfer
When Program
Changes**

a. Cases in ADAPT

If the case is processed in ADAPT, individuals approved for FAMIS are enrolled in MMIS by ADAPT, the worker number is changed to “V0000” by ADAPT and the case is transferred to the FAMIS CPU. ADAPT will automatically transfer the FAMIS enrollees’ data to the FAMIS CPU. The worker does not send any paper document to the FAMIS CPU.

If a family has at least one child who is FAMIS Plus or Medicaid-eligible and at least one child who is FAMIS-eligible, the Medicaid case remains at the LDSS and a separate FAMIS case is created in MMIS via the ADAPT “Medicaid Authorization” (AEAUTM) screen. When granted, ADAPT changes the worker number to V0000 on the FAMIS case in the MMIS. ADAPT automatically transfers the FAMIS case and enrollee data to the

FAMIS CPU. The worker does not send any paper case material to the FAMIS CPU. The LDSS retains the original application, verifications and the notice, and has responsibility for ongoing case maintenance of the FAMIS Plus case.

b. Cases Not in ADAPT

When eligibility transitions between FAMIS Plus and FAMIS, there must be communication between the FAMIS CPU, the LDSS, and the applicant. The Case Record Transfer Form (#032-32-227) must be completed by the sender and attached to the case record. The sender must also notify the applicant of the case transfer. The receiver must confirm receipt of the case by completing the Case Record Transfer Form and returning it to the sender. The receiving agency is not required to complete a FAMIS Plus redetermination until a change is reported or at the time of the next annual redetermination.

So that the FAMIS CPU will be able to enroll the child in their computer system and into managed care, the eligibility worker must send the CPU the documents listed in section [M2140.100 E.](#), above.

**G. Communicating
Changes to the
CPU**

The Children's Health Insurance Communication Form (#032-03-630) is used by the LDSS to communicate changes to the FAMIS CPU on FAMIS and FAMIS MOMS cases. This form can be downloaded from the DSS intranet at:
<http://localagency.dss.virginia.gov/divisions/bp/me/forms/general.cgi>.

The form must include the case name, the MMIS name and enrollee identification number, the reason for the communication, and all other relevant information. The FAMIS CPU must receive the Communication Form by the 10th calendar day of the month in order for the FAMIS/FAMIS MOMS cancellation to be effective by the end of the current month. If the form is received after the 10th calendar day of the month, the cancellation will be effective the last day of the following month.

**H. FAMIS CPU
Responsibilities and
Procedures**

Applications, Redetermination applications (sent to a FAMIS recipient when a change is reported to the CPU), and renewals are faxed or mailed to the FAMIS CPU by applicants or recipients. Within three days of receipt, the CPU staff logs the application, redetermination or renewal into the FAMIS eligibility system. There are no drop-offs and no face-to-face contact with applicants or recipients at the CPU. All applications are scanned and linked for electronic data recovery.

If an application is complete when it arrives at the FAMIS CPU, it takes approximately 12 business days or less to process the case. In order for an application to be complete, it must be signed and must include all required verifications. If the application is not complete when it is received, a "deficiency letter" is sent and the family is given 30 days to respond. In such cases, it can take more than 30 days to process the case. If the required verification is not received by the 30th day, the application is denied for failure to provide information, and the family is notified of the action.

When an application is approved for FAMIS or FAMIS MOMS, the FAMIS CPU initiates the managed care assignment and provides ongoing case maintenance. When an application is not FAMIS Plus-likely and is not eligible for FAMIS or FAMIS MOMS, the CPU sends the denial or cancellation notice to the applicant. When an application is determined as FAMIS Plus-likely, the application is sent over to the DMAS FAMIS Plus Unit for a Medicaid eligibility determination.

I. DMAS FAMIS Plus Unit Responsibilities and Procedures

FAMIS Plus-likely applications referred to the DMAS FAMIS Plus Unit from the FAMIS CPU are recorded on a daily log. Steps are being taken to allow the DMAS FAMIS Plus Unit to build and transfer applications in ADAPT and MEDPEND. All referred applications are screened for FAMIS Plus eligibility by the DMAS FAMIS Plus Unit. FAMIS Plus-likely applications connected to active cases in ADAPT or MMIS are transferred to LDSS for processing, and notice of the transfer is sent to the family. The application, the verifications, and a copy of the notice are placed in a sealed envelope and transferred to the LDSS via the courier no later than the next business day.

The DMAS FAMIS Plus Unit processes FAMIS Plus-likely applications that have been pending 25 days or more, and transfers enrolled FAMIS Plus cases to the LDSS. If the unit's screening determines that the application is not FAMIS Plus-likely, then a FAMIS eligibility determination is completed and the case is returned to the FAMIS CPU in an approved or denied status.

FAMIS redeterminations and renewals are also screened for FAMIS Plus eligibility and, if FAMIS Plus-likely, are referred to the DMAS FAMIS Plus Unit. If the FAMIS Plus-likely FAMIS redetermination or renewal is connected to an active case in ADAPT or MMIS, the case is transferred to the LDSS for the FAMIS Plus determination. If the FAMIS Plus-likely FAMIS redetermination/renewal is not connected to an active case, the DMAS FAMIS Plus Unit completes the FAMIS Plus determination and transfers the approved ongoing case to the LDSS.

J. DMAS Contacts at the CPU

The DMAS FAMIS Plus Unit eligibility workers are designated as the liaisons between the LDSS workers and the FAMIS CPU staff. The FAMIS Plus Unit workers are assigned to specific geographic areas. These assignments were made to improve communication and facilitate resolution to problems involving cases that have been transferred between the CPU and LDSS. The DMAS FAMIS Plus workers are assigned to five geographic areas of the state. The geographic areas correspond to the LDSS regions. The list of the DMAS FAMIS Plus workers and the areas they serve is available on the DSS intranet in the Benefit Programs, Medicaid Eligibility, ME Contacts folder at:

<http://localagency.dss.virginia.gov/divisions/bp/me/contacts.cgi>.

The DMAS FAMIS Plus workers will:

- act as contact persons for cases transferred to the CPU and the LDSS,

- answer non-policy related questions regarding transferring or closing cases, and
- change worker number V0000 to M0000 when necessary.

The DMAS FAMIS Plus workers will not provide policy clarification and will not handle client complaints. Please continue to contact your supervisor or Medical Assistance Program Consultant for assistance with policy clarifications, computer system problems, and client complaints.

Please note that the DMAS FAMIS Plus workers' telephone numbers are for the LDSS workers only and **are not to be given to clients**. The CPU has a separate toll-free FAMIS helpline number (1-866-87FAMIS or 1-866-873-2647) designated for client use. This toll-free FAMIS telephone number is **not** for use by LDSS workers.

K. FAMIS Select

Under the FAMIS program, a family, *whose child(ren) are determined eligible for FAMIS and* who has access to health insurance through an employer or wishes to purchase a private policy, has the option of enrolling the family in that health plan. "FAMIS Select" allows the choice of the private or employer's insurance instead of FAMIS. Children enrolled in FAMIS whose families have access to private or employer sponsored health insurance coverage may qualify to have the State pay part of the family's share of the health insurance premium.

Once a child is enrolled in FAMIS, the FAMIS CPU will identify if the family is interested in more information about FAMIS Select. Families who have access to health insurance will receive information from DMAS about the benefits of enrolling in the FAMIS Select component of FAMIS and information about how to participate in the program. Participation in the FAMIS Select component is voluntary.

L. 12-Month Continuous Coverage

Children under age 19 who are enrolled in FAMIS are entitled to 12 months of continuous coverage provided the family continues to reside in Virginia and the family income is less than or equal to 200% of the FPL.

Children enrolled in FAMIS who subsequently apply for FAMIS Plus or Medicaid and are found eligible must have their FAMIS coverage cancelled so they can be reinstated in FAMIS Plus or Medicaid.

M2150.100 REVIEW OF ADVERSE ACTIONS

A. Case Reviews

An applicant for FAMIS may request a review of an adverse determination regarding eligibility for FAMIS. FAMIS reviews follow the procedures established by Medicaid for client appeals (see chapter [M16](#)).

The payment of medical services on the part of any child or any right to participate in the program is not subject to review if funds for FAMIS are exhausted.

FAMILY ACCESS TO MEDICAL INSURANCE SECURITY PLAN (FAMIS) INCOME LIMITS ALL LOCALITIES EFFECTIVE 1/23/08				
# of Persons in FAMIS Assistance Unit	FAMIS 150% FPL		FAMIS 200% FPL	
	Annual Limit	Monthly Limit	Annual Limit	Monthly Limit
1	<i>\$15,600</i>	<i>\$1,300</i>	<i>\$20,800</i>	<i>\$1,734</i>
2	<i>21,000</i>	<i>1,750</i>	<i>28,000</i>	<i>2,334</i>
3	<i>26,400</i>	<i>2,200</i>	<i>35,200</i>	<i>2,934</i>
4	<i>31,800</i>	<i>2,650</i>	<i>42,400</i>	<i>3,534</i>
5	<i>37,200</i>	<i>3,100</i>	<i>49,600</i>	<i>4,134</i>
6	<i>42,600</i>	<i>3,550</i>	<i>56,800</i>	<i>4,734</i>
7	<i>48,000</i>	<i>4,000</i>	<i>64,000</i>	<i>5,334</i>
8	<i>53,400</i>	<i>4,450</i>	<i>71,200</i>	<i>5,934</i>
Each additional, add	<i>5,400</i>	<i>450</i>	<i>7,200</i>	<i>600</i>

STATE AGENCY LISTING - 07/30/02

Accountancy, Board of
Accounts, Dept. of
Administration, Secretary of
Aging, Dept. for the
Agriculture and Consumer Services, Dept. of
Alcoholic Beverage Control, Dept. of
Arts, Virginia Commission for the
Atlantic States Marine Fisheries Commission
Attorney General, Office of the
Auditor of Public Accounts
Aviation, Dept. of
Bar Examiners, State Board of
Blind and Vision Impaired, Dept. for the
Blue Ridge Community College
Blue Ridge Hospital
Business Assistance, Virginia Dept. of
Capitol Police, Division of
Catawba Hospital
Center for Innovative Technology
Central State Hospital
Central Virginia Community College
Central Virginia Training Center
Charitable Gaming Commission
Chesapeake Bay Commission
Chesapeake Bay Local Assistance
Child Day Care & Early Childhood Programs,
 Virginia Council on
Christopher Newport University
Civil Air Patrol
College of William and Mary
Commerce and Trade, Secretary of
Commonwealth Center for Children and
 Adolescents
Commonwealth Competition Council
Commonwealth, Secretary of the
Commonwealths Attorneys Services Council
Community College System, Virginia
Compensation Board
Conservation and Recreation, Dept. of
Corporation Commission, State
Correctional Education, Dept. of
Corrections, Dept. of
Court of Appeals of Virginia

Credit Union, Inc., Virginia
Crime Commission, Virginia Stat
Criminal Justice Services, Dept. of
Dabney S. Lancaster Community College
Danville Community College
Deaf and Hard of Hearing, Dept. for the
Delmarva Advisory Council
Eastern Shore Community College
Eastern State Hospital
Economic Development Partnership, Virginia
Education, Dept. of
Education, Secretary of
Elections, State Board of
Emergency Management, Dept. of
Employment Commission, Virginia
Employment Dispute Resolution, Dept. of
Environmental Quality, Dept. of
Finance, Secretary of
Fire Programs, Dept. of
Forestry, Dept. of
Frontier Culture Museum of Virginia
Game and Inland Fisheries, Dept. of
General Services, Dept. of
George Mason University
Germanna Community College
Governor, Office of the
Gunston Hall
Health and Human Resources, Secretary of
Health Professions, Dept. of
Health, Dept. of
Higher Education for Virginia, State Council of
Hiram W. Davis Medical Center
Historic Resources, Dept. of
House of Delegates
Housing and Community Development, Dept. of
Housing Development Authority, Virginia
Housing Study Commission, Virginia
Human Resource Management, Dept. of
Human Rights, Council on
Information Technology, Dept. of
J. Sargeant Reynolds Community College
James Madison University
Jamestown-Yorktown Foundation

John Tyler Community College
Joint Commission on Health Care
Joint Legislative Audit and Review Commission
Judicial Inquiry and Review Commission
Juvenile Justice, Dept. of
Labor and Industry, Dept. of
Legislative Automated Systems, Division of
Legislative Services, Division of
Liaison Office, Virginia
Library of Virginia, The
Lieutenant Governor, Office of the
Local Government, Commission on
Longwood University
Lord Fairfax Community College
Lottery, Dept. of the
Marine Resources Commission
Marine Science, Virginia Institute of
Mary Washington College
Medical Assistance Services, Dept. of
Medical College of Virginia
Melchers Monroe Memorials
Mental Health, Mental Retardation & Substance
Abuse Services, Dept
Military Affairs, Dept. of
Milk Commission
Mines, Minerals and Energy, Dept. of
Minority Business Enterprise, Dept. of
Motor Vehicle Dealer Board
Motor Vehicles, Dept. of
Mountain Empire Community College
Museum of Fine Arts, Virginia
Museum of Natural History, Virginia
Natural Resources, Secretary of
New River Community College
Norfolk State University
Northern Virginia Community College
Northern Virginia Mental Health Institute
Northern Virginia Training Center
Office of Commonwealth Preparedness
Old Dominion University
Outdoors Foundation, Virginia
Parole Board, Virginia
Patrick Henry Community College
Paul D. Camp Community College
People With Disabilities, Virginia Board for
Piedmont Geriatric Hospital
Piedmont Virginia Community College
Planning and Budget, Dept. of

Port Authority, Virginia
Potomac River Fisheries Commission
Professional & Occupational Regulation, Dept. of
Public Broadcasting, Virginia
Public Defender Commission
Public Safety, Secretary of
Racing Commission, Virginia
Radford University
Rail and Public Transportation, Dept. of
Rappahannock Community College
Rehabilitation Center for the Blind & Visually
Impaired
Rehabilitative Services, Dept. of
Retirement System, Virginia
Richard Bland College (of William and Mary)
Science Museum of Virginia
Senate, Virginia State
Social Services, Dept. of
Southeastern Virginia Training Center
Southern Virginia Mental Health Institute
Southside Virginia Community College
Southside Virginia Training Center
Southwest Virginia Community College
Southwestern Virginia Mental Health Institute
Southwestern Virginia Training Center
State Internal Auditor, Dept. of the
State Police, Dept. of
Supreme Court of Virginia
Taxation, Dept. of
Technology Planning, Dept. of
Technology, Secretary of
Thomas Nelson Community College
Tidewater Community College
Tourism Corporation, Virginia
Transportation, Dept. of
Transportation, Secretary of
Treasury, Dept. of the
University of Virginia
University of Virginia College at Wise
University of Virginia Medical Center
VA School for the Deaf and Blind-Staunton
VA School for Deaf, Blind & Multi-Disabled -
Hampton
Veterans Affairs, Dept. of
Virginia Alcohol Safety Action Program,
Commission on
Virginia Baseball Stadium Authority
Virginia College Savings Plan

Virginia Commonwealth University
Virginia Criminal Sentencing Commission
Virginia Freedom of Information Advisory Council
Virginia Highlands Community College
Virginia Information Providers Network
Virginia Military Institute
Virginia Office for Protection and Advocacy
Virginia Polytechnic Institute and State University
Virginia Resources Authority
Virginia State Bar
Virginia State University
Virginia Treatment Center for Children
Virginia Veterans Care Center
Virginia Western Community College
Virginia Workers Compensation Commission
Western State Hospital
Western Tidewater Community Services Board
Woodrow Wilson Rehabilitation Center
Wytheville Community College
Youth, Commission on

FAMIS ALIEN ELIGIBILITY CHART

QUALIFIED ALIEN GROUPS	ARRIVED BEFORE AUGUST 22, 1996	ARRIVED ON OR AFTER AUGUST 22, 1996	
		1 ST 5 YEARS	AFTER 5 YEARS
Qualified aliens who are Veterans or Active Military (includes spouses/dependent children); certain American Indians Form DD 214-veteran	Eligible	Eligible	Eligible
Permanent Resident Aliens (Aliens lawfully admitted for permanent residence), except Amerasians I-151; AR-3a; I-551; I-327; I-688B-274a.12(a)(1)	Eligible	NOT Eligible	Eligible
Conditional entrants-aliens admitted Pursuant to 8 U.S.C. 1153(a)(7), section 203(a)(7) of the INA I-94	Eligible	NOT Eligible	Eligible
Aliens, other than Cuban or Haitian Entrants, paroled in the US pursuant to 8 U.S.C. 1182(d)(5), section 212(d)(5) of the INA I-94; I-688B – 274a(12)(c)(11)	Eligible	NOT Eligible	Eligible
Battered aliens, alien parents of battered children, alien children of battered parents U.S. Attorney General	Eligible	NOT Eligible	Eligible
AFGHAN AND IRAQI SPECIAL IMMIGRANTS	First Six/Eight Months after Entry into U.S.	Greater than Six/Eight Months after Entry into U.S., first 5 years	Greater than Six/Eight Months after Entry into U.S., after 5 years
<i>Afghan Special Immigrants admitted on a Special Immigrant Visa (SIV), including the spouse and children under age 21 living in the home with the principal visa holder. [I-551 or passport/I-94 indicating categories SI1, SI2, SI3, QQ1, SQ2, or SQ3 and bearing Department of Homeland Security stamp or notation]</i>	<i>Eligible for SIX (6) MONTHS beginning with month of entry or conversion to SIV status. Coverage cannot begin prior to 12-26-07.</i>	NOT Eligible	Eligible
<i>Iraqi Special Immigrants admitted on a Special Immigrant Visa (SIV), including the spouse and children under age 21 living in the home with the principal visa holder. [I-551 or passport/I-94 indicating categories SI1, SI2, SI3, QQ1, SQ2, or SQ3 and bearing Department of Homeland Security stamp or notation]</i>	<i>From 12-26-07 to 1-27-08, eligible for SIX (6) MONTHS beginning with month of entry or conversion to SIV status. Coverage cannot begin prior to 12-26-07. Beginning 1-28-08, eligible for EIGHT (8) MONTHS beginning with month of entry or conversion to SIV status.</i>	NOT Eligible	Eligible

QUALIFIED ALIEN GROUPS	ELIGIBLE REGARDLESS OF ENTRY DATE OR LENGTH OF RESIDENCE
Aliens granted asylum pursuant to section 208 of the INA I-94; I-688B – 274a.12(a)(5)	Eligible
Aliens admitted as refugees pursuant to section 207 of the INA, or as Cuban or Haitian Entrants as defined in section 501(e) of the Refugee Education Assistance Act of 1980 {including those under section 212(d)(5)} I-551; I-94; I-688B	Eligible
Aliens whose deportation has been withheld pursuant to Section 243(h) or 241(b)(3) of the INA I-688-B – 274a.12(a)(10) Immigration Judge's Order	Eligible
Victims of a severe form of trafficking pursuant to the Trafficking Victims Protection Act of 2000 (P.L. 106-386) [ORR certification/eligibility letter]	Eligible

UNQUALIFIED ALIEN GROUPS
<u>NOT</u> ELIGIBLE REGARDLESS OF ENTRY DATE OR LENGTH OF RESIDENCE
Aliens residing in the US pursuant to an indefinite stay of deportation (I-94; Immigration Letter)
Aliens residing in the US pursuant to an indefinite voluntary departure (I-94; Immigration Letter)
Aliens on whose behalf an immediate relative petition has been approved and their families covered by the petition who are entitled to voluntary departure under 8 CFR 242.5(a)(2)(vi) and whose departure the INS does not contemplate enforcing (I-94; I-210)
Aliens who have filed an application for adjustment of status pursuant to §245 INA that the INS has accepted as properly filed and whose departure the INS does not contemplate enforcing (I-181; Endorsed Passport)
Aliens granted stay of deportation by court order, statute or regulation, or by individual determination of the INS whose departure the agency does not contemplate enforcing (I-94; Court Order; INS Letter)
Aliens granted voluntary departure pursuant to section 242(b) of the INA whose departure the INS does not contemplate enforcing (I-94; I-210; I-688B – 247a.12(a)(11) or (13))
Aliens granted deferred action status pursuant to INS Operations Instruction 103.1(a)(ii) prior to 6/15/84 or 242.1a22 issued 6/15/84 and later (I-210; INS Letter)
Aliens residing in the U.S. under orders of supervision (I-220B)
Aliens who entered before January 1972 and have continuously resided in the U.S. since January 1972 (Case Record)

UNQUALIFIED ALIEN GROUPS	
<u>NOT ELIGIBLE REGARDLESS OF ENTRY DATE OR LENGTH OF RESIDENCE</u>	
	Aliens granted suspension of deportation pursuant to Section 244 of the INA and whose deportation the INS does not contemplate enforcing (Immigration Judge Court Order)
	Any other aliens living in the US with the knowledge and permission of the INS whose departure the agency does not contemplate enforcing (INS Contact)
	Illegal aliens – aliens not lawfully admitted or whose lawful admission status has expired
	Visitors (non-immigrants): tourists, diplomats, foreign students, temporary workers, etc. (I-688B – 274a.12(b)(1)-(20); I-94; I-185: I-I186; SW-434; I-95A)